

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36634

STATE FILE NUMBER

FILED NOV 6 1957

Registration District No.

209

Primary Registration District No.

3043

Registrar's No.

427

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY: <u>Marion</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY: <u>Marion</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u> | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Hannibal</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hosp. DOA</u> | | | | Length of stay in lb | | d. STREET ADDRESS <u>821 So Arch St.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Fred</u> Middle <u></u> Last <u>Hoag</u> | | | | 4. DATE OF DEATH Month <u>10</u> - Day <u>23</u> - Year <u>1957</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>4-2-1881</u> | |
| 9. AGE (In years last birthday) <u>76</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner</u> | | 11. BIRTHPLACE (City and state or country) <u>Bowling Green, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |
| 13. FATHER'S NAME <u>Alvin Hoag</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Unknown</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Jessie Hoag</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarct.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 minute</u> | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year _____ | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>Hannibal</u> | | 20g. COUNTY <u>Mo.</u> | |
| 21. I attended the deceased from _____ to _____ and last saw her alive on <u>D.O.A.</u> Death occurred at <u>10/23/57 10:45P</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>Ralph J. Lanning M.D.</u> (Degree or title) | | | | 22b. ADDRESS <u>115 N. 5th St. Hannibal, Missouri</u> | | 22c. DATE SIGNED <u>10/29/57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>10-26-57</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Mc. Olivet Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Ralph Clark Funeral Home</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>10/29/57</u> | | 26. REGISTRAR'S SIGNATURE <u>Edm Luke Repth C Fater</u> | |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 5 1957
MARION CO. HEALTH DEPT.
DATE FILED NOV 5 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....421

P. O. Address.....Hannibal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.